

## Kansas Department for Children and Families Review Form

Label



*Strong Families Make a Strong Kansas*

### Agency Use Only

Date Received: \_\_\_\_\_

Date Interviewed: \_\_\_\_\_

Case Number: \_\_\_\_\_

☐ FA ☐ TANF ☐ CC

Was the review received following the end of the review period?

☐ No ☐ Yes

If yes, is the household eligible for expedited service?

☐ No ☐ Yes

This form provides us with the information we need to determine your family's continued eligibility. If you want to apply for additional programs and services, you will need to contact the service center to request a separate application. Answer all of the questions to the best of your ability. If English is not your primary language, an interpreter will be provided at no cost to you. You are subject to severe penalties for any false or misleading information you supply on this application.

### Acknowledgement of TANF Suspicion-based Drug Testing Policy (TANF ONLY)

Suspicion-based drug testing is required for Temporary Assistance for Needy Families (TANF) applicants, recipients and payees when there appears to be unlawful use of a controlled substance or a controlled substance analog. I understand that I, or other adults in my household, are required to submit to drug testing if a suspicion of illegal substance use is identified.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Household Information

Name: \_\_\_\_\_

First Name, Middle Initial, Last Name

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

List all persons who live with you. List yourself first. Student status includes grade school, high school, college or vocational-technical school. (Use an additional sheet to list more household members.)

First Name, MI, Last Name	Is this person still living in your home?	Relation to You	Are you applying for this person?	Sex M/F	Birth Date	Social Security number	Student	US Citizen
	<input type="checkbox"/> No <input type="checkbox"/> Yes	Self	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

## Household Information (continued)

1. Do you (or will you after approval) buy and cook food separately from other people in your home? (Complete this question only if reapplying for Food Assistance.) ☐ No ☐ Yes If yes, please list their names and relationship to you: \_\_\_\_\_
2. Has anyone moved in or out of your household? ☐ No ☐ Yes If yes, please list the name and date in which they entered or left the household: \_\_\_\_\_
3. If anyone is pregnant, please list the name and due date (complete this question only if reapplying for cash assistance): \_\_\_\_\_
4. Is anyone in your home disabled? ☐ No ☐ Yes If yes, please list name and disability: \_\_\_\_\_
5. Do any household members get benefits from the Food Distribution Program on Indian Reservations? ☐ No ☐ Yes If yes, where? \_\_\_\_\_
6. Is anyone in your household fleeing from felony prosecution or jail?  
☐ No ☐ Yes If yes, list names): \_\_\_\_\_
7. Is anyone in your household in violation of probation or parole?  
☐ No ☐ Yes If yes, list names): \_\_\_\_\_

**The following questions are required by federal law for purposes of the food assistance program only. If you answer yes to any of the questions, make sure to list the name(s) of the persons involved.**

8. Has anyone in your household been convicted of trading food assistance benefits for drugs after September 22, 1996?  
☐ No ☐ Yes If yes, list names): \_\_\_\_\_
9. Has anyone in your household been convicted of buying or selling food assistance benefits over \$500 after September 22, 1996?  
☐ No ☐ Yes If yes, list name(s): \_\_\_\_\_
10. Has anyone in your household been convicted of fraudulently getting duplicate food assistance benefits in any state after September 22, 1996?  
☐ No ☐ Yes If yes, list name(s): \_\_\_\_\_
11. Has anyone in your household been convicted of trading food assistance benefits for guns, ammunitions, or explosives after September 22, 1996?  
☐ No ☐ Yes If yes, list name(s): \_\_\_\_\_

**The following question is required by state law for purposes of the TANF cash assistance program only.**

12. Does anyone in your household have a felony drug related conviction on or after July 1, 2013?  
☐ No ☐ Yes If Yes, list name(s): \_\_\_\_\_

## Authorized Representative

You can name a person to help get your benefits. This person can help fill out the application, answer questions for you, and use the Kansas Benefits card for you. We will be able to share information with this person. This person will be your authorized representative. Do you want to have someone help you? ☐ No ☐ Yes

If yes, tell us about this person:

Their name \_\_\_\_\_ Their telephone number \_\_\_\_\_

Their address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Do you want the person named above to have access to your benefits? ☐ No ☐ Yes

If yes, which benefits? ☐ food assistance ☐ TANF cash assistance ☐ child care assistance

If no, do you want to choose someone else to access your benefits? This person will be your authorized representative and can have access to your benefits. We will also be able to share information with this person. ☐ No ☐ Yes

If yes, tell us about this person:

Their name \_\_\_\_\_ Their telephone number \_\_\_\_\_

Their address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

If yes, which benefits? ☐ food assistance ☐ TANF cash assistance ☐ child care assistance

## Resource Information

Does anyone in your household own or have their name on any resources? For example: cash, checking/savings/credit union accounts, certificates of deposit (CD's), stocks, bonds, IRA's, trust fund, property or any other resources.

☐ No ☐ Yes If yes, complete the following information. If needed, use a new sheet of paper to list more information.

Type of Resource	Name(s) on Resources	Where is Resource Held? (Name of Bank, Credit Union or Company)	Amount or Value

## Income Information

Is anyone in your household self-employed or working at a job? ☐ No ☐ Yes

Complete the information below for you or anyone in your household who is working. Please attach pay stubs for the last 30 days for each job. If you are self-employed, attach a copy of your tax return for the past year or verification for business income and expenses for the past 3 months.

Name of Person Employed	Employers Name, Phone & Address (if self-employed, list type of business)	Salary or Hourly Wage	Weekly Hours Worked	How often do you get paid?	Day of the week paid

Has anyone in your household lost or quit a job in the last 60 days? ☐ No ☐ Yes Last pay: \$ \_\_\_\_\_ Date \_\_\_\_\_

Name(s) \_\_\_\_\_ Employer \_\_\_\_\_

Last Work Day(s): \_\_\_\_\_ Reason(s): \_\_\_\_\_

## Income Information (Continued)

Does anyone in your household, including children, get other income? ☐ No ☐ Yes

If yes, list below any monies you or anyone in your household receives (include Unemployment benefits, child support, money from others, Social Security, SSI, VA, railroad retirement, other pension/retirement benefits, worker's compensation, tribal payments, oil or mineral rights, contract sale/rental income, cash gifts or any other income). Use a new sheet of paper to list more information.

Type/Source of Income	Name of Person Who Receives This	Amount Received	How Often Received

Has anyone applied for other income or benefits? ☐ No ☐ Yes

If yes, list who and what income or benefits: \_\_\_\_\_

## Household Expenses

Complete if you or anyone in your household has any of these monthly expenses. Complete this section only if applying for food assistance.

Expense Type	Monthly Amount
Rent/Mortgage (circle one)	
Lot or Rent Space	
Property taxes not included in mortgage	

Expense Type	Monthly Amount
Homeowner's Insurance not included in mortgage	
Child/Dependent Care	
Other	

If renting, is it subsidized housing, Section 8, HUD, or other? ☐ No ☐ Yes If yes, tell us the amount you are obligated to pay: \$ \_\_\_\_\_

Do you pay for heating or cooling costs? ☐ No ☐ Yes

If no, check the following utilities you are responsible to pay:

☐ Water ☐ Sewer ☐ Trash ☐ Telephone ☐ Electricity/gas for cooking or lights ☐ Other ☐ None

Have you or anyone at your residence received Low Income Energy Assistance (LIEAP)?

☐ No ☐ Yes If yes, when: \_\_\_\_\_

If you share payment of these expenses with anyone, please explain: \_\_\_\_\_

Does anyone in your household pay child support? ☐ No ☐ Yes

If yes, please provide proof of payment for the past 3 months.

Who Pays Child Support	Amount Paid	Court Order Number for Each Child

Do you expect any changes in your household expenses or circumstances? ☐ No ☐ Yes

If yes, please explain: \_\_\_\_\_

## Household Expenses (Continued)

If you or a household member is 60 or older or disabled, do you have personal out of pocket monthly medical expenses in excess of \$35 per month? ☐ No ☐ Yes

If yes, who has the medical expenses and what are they? \_\_\_\_\_

## Child Care Needs

To continue receiving child care assistance, please provide the information requested below for each child. Complete this section only if reapplying for child care assistance. If additional space is needed, use a separate sheet and provide the same information listed below.

Provide the following for each child	Child's Name		Child's Name		Child's Name		Child's Name	
	List Child Care Provider Information Below Each Child's Name							
Provider's Name								
Address								
Phone Number								
Parent's Work/ School Schedule (daily work/school schedule)	Day: AM/PM - AM/PM		Day: AM/PM - AM/PM		Day: AM/PM - AM/PM		Day: AM/PM - AM/PM	
	Mon		Mon		Mon		Mon	
	Tue		Tue		Tue		Tue	
	Wed		Wed		Wed		Wed	
	Thur		Thur		Thur		Thur	
	Fri		Fri		Fri		Fri	
	Sat		Sat		Sat		Sat	
	Sun		Sun		Sun		Sun	
	Child's School Schedule (daily school schedule)	Day: AM/PM - AM/PM		Day: AM/PM - AM/PM		Day: AM/PM - AM/PM		Day: AM/PM - AM/PM
Mon			Mon		Mon		Mon	
Tue			Tue		Tue		Tue	
Wed			Wed		Wed		Wed	
Thur			Thur		Thur		Thur	
Fri			Fri		Fri		Fri	
Sat			Sat		Sat		Sat	
Sun			Sun		Sun		Sun	
Child's Grade and Name of School/ Headstart								

## Please Read This Information Before Signing Page 13

### **Rights, responsibilities and penalties**

- I have read and understand my rights and responsibilities listed at the end of this form.
- I understand the questions on this application form.
- I understand the penalties for hiding information (penalties are shown at the end of this form).
- I understand the penalties for giving false information (penalties are shown at the end of this form).

### **Citizenship status**

- Signing this form means that I agree everyone living in my home who is asking for assistance is a U.S. citizen or is in legal immigration status.

### **Changes you must report**

- I agree to report changes such as changes in my address, income changes, changes in child care, and changes in individuals who live in my home.
- I understand I will be notified about the changes I am required to report.
- I will tell DCF of changes that might affect my eligibility or benefit level.

### **We will verify the information you give us**

- I understand you will verify the information I provide on this application form.
- I understand you may contact other agencies such as federal, state, local officials, employers, medical providers, businesses, financial organizations, and child care providers to verify information.
- I understand you will use the information you verify and that it could affect my eligibility or benefit level.

## **Information About Social Security Numbers**

- I understand that I have to provide or apply for a Social Security number for people in my household who are asking for assistance.
- I understand the Department for Children and Families (DCF) uses Social Security numbers to operate. The numbers are used for computer matches with the Social Security Administration, banks, the Internal Revenue Service, and other organizations and agencies.

## **Information About Child Support Services**

- I agree to help Child Support Services (CSS) go after support for the children in my home. I will help CSS establish and enforce support orders for the children.
- I agree to give all alimony and/or child support to DCF for each person in my home receiving cash assistance.

## **Information About Food Assistance Expenses**

- I understand I must report and verify my household expenses or I will not get a deduction for them.

## **Information About Work Program Cooperation**

- I agree that everyone applying for and getting cash assistance will cooperate with work requirements unless exempt.
- I agree that everyone getting food assistance will cooperate with work requirements, unless exempt.
- I understand we may not get cash assistance if someone does not cooperate.
- I understand that the person who does not cooperate will also not get food assistance.

## Information About Cash and Food Assistance Benefits

- I understand that my Temporary Assistance for Needy Families (TANF) cash assistance benefits cannot be transacted/used in any liquor store, any casino, gambling casino, or gaming establishment, or any retail establishment which provides adult oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment.
- I understand the time limit for receiving TANF cash assistance benefits is 48 months.
- I understand that to get TANF cash assistance, all children in the home ages 7-18 must be enrolled in school, including home school that is registered with the Kansas Department of Education. Ineligibility for the entire household will exist if a child in the home is not enrolled in school.
- I understand that I may not use TANF cash assistance to buy items such as alcohol, cigarettes, tobacco products, or lottery tickets.
- I understand that I may not use food assistance benefits to buy non-food items or to pay on credit balances.

## Information About the Lifeline Telephone Program

- For TANF cash and food assistance, I agree that DCF may provide my name, address, and telephone number to telephone companies participating in the Lifeline data match. The Lifeline Program provides basic telephone service at a reduced rate.
- I understand that my information is confidential and will only be used by the participating telephone carriers to verify my eligibility for Lifeline telephone assistance.
- I understand that the Lifeline program is not mandatory and that I will have to apply for this service by contacting my local telephone company.
- I understand that not all telephone carriers participate in the Lifeline data match with DCF and that I may have to provide proof of my household income to my local telephone company for them to determine my Lifeline eligibility.

## Kansas Voter Registration Information

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

☐ No ☐ Yes *Please Note: Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.*

If you do not check either box, you will be considered to have decided not to register to vote at this time.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you choose to, you can easily register to vote using this website: <https://www.kdor.org/voterregistration>

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Kansas Secretary of State.



## **Your Responsibilities**

### **You have a responsibility to:**

- Provide all information needed to determine your eligibility;
- Report changes as required - we will tell you what must be reported (examples include pregnancy, birth, someone leaving or moving into your house, a new job, change of income, new address, etc.);
- Turn alimony and child support payments over to DCF if you receive cash assistance, and cooperate with Child Support Services (CSS) if you receive cash assistance (TANF) or child care assistance;
- Pay your child care provider for services;
- Cooperate with Quality Assurance staff if your case is reviewed; and
- Look for a job and participate in work related services, starting from the date that you apply for cash assistance.

## **DCF Rights**

### **DCF has a right to:**

- Use the information on this application, including the Social Security number (SSN) of each person in your home, to decide whether your household can get benefits. We will verify this information through computer matching programs. This information will also be used to make sure you are getting the correct amount of benefits. For child care assistance only, SSN is voluntary.
- Verify the alien status of applicant household members by submitting information from the application to USCIS. The information received may affect the household's eligibility and amount of benefits.
- Deny benefits to your household if you do not provide requested information.
- Disclose the information on your application to other federal and state agencies for official examination, and to law enforcement officials for the purpose of arresting people who are running from the law.
- Refer the information on this application to federal and state agencies, as well as private claims agencies, for claims collection if overpayments arise against your household;
- Conduct a full investigation of your eligibility including contacting employers, child care providers, banks, doctors, or by visiting your home;
- Deny your application or prosecute you for fraud if you knowingly give us false information so you can receive assistance.

## Penalties

Families may lose benefits for not cooperating with the following agency programs:

- I. **Work Programs - looking for work, preparing for employment and keeping a job. (Does not apply to child care.)**
  - A. **For TANF, the following penalties apply for failure to cooperate with work programs without good cause:**
    - 1st penalty  
Your family will not get TANF cash assistance benefits for a minimum of 3 months.
    - 2nd penalty  
Your family will not get TANF cash assistance benefits for a minimum of 6 months.
    - 3rd penalty  
Your family will not get TANF cash assistance benefits for a minimum of 1 year.
    - 4th and subsequent penalties  
Your family will lose TANF cash assistance benefits for a period of 10 years.

To be reinstated in the program and resume receiving your benefit, you will be required to cooperate in an assigned work program activity for 2 consecutive weeks for a 1st penalty and for 3 consecutive weeks for a 2nd and 3rd penalty. These penalties will not carry forward if children in your family become adult cash recipients.
  - B. **For Food Assistance, a comparable penalty as described above will be applied only against the person who failed to cooperate. The rest of the food assistance household can get benefits if otherwise eligible. Eligibility will be redetermined at the end of the penalty period.**
- II. **Child Support Services - establishing a child's paternity and collecting child support. (Does not apply to Food Assistance.) For TANF and Child Care, the following penalties apply for failure to cooperate with Child Support Services without good cause:**
  - 1st penalty  
Your family will not get TANF cash assistance or child care benefits for a minimum of 3 months.
  - 2nd penalty  
Your family will not get TANF cash assistance or child care benefits for a minimum of 6 months.
  - 3rd penalty  
Your family will not get TANF cash assistance or child care benefits for a minimum of 1 year.
  - 4th and subsequent penalties  
Your family will lose TANF cash assistance or child care benefits for a period of 10 years.

To get your cash and/or child care reopened, you must reapply and the penalized individual must cooperate with Child Support Services.
- III. **Fraud Penalties**
  - A. **Food Assistance - Any member of your household who intentionally breaks the following rules will be disqualified as stated below:**
    - Do not lie or hide information to get benefits that your household should not get
    - Do not use, or have in your possession, Kansas Benefits Cards that are not yours.
    - Do not trade or sell Kansas Benefits Cards.

## Penalties (Continued)

If you make false or misleading statements and you are found guilty of misrepresentation, you will not be able to get food assistance benefits:

- For 10 years if your misrepresentation was about where you live or who you are in order to get duplicate benefits;
- For 1 year if your misrepresentation was about something other than identity or residence and it is your first program violation;
- For 2 years if your misrepresentation was about something other than identity or residence and it is your second program violation;
- Ever again if your misrepresentation was about something other than identity or residence and it is your third program violation.

Your food assistance eligibility will also be suspended for 2 years or permanently lost if you are convicted of buying or selling over \$500 worth of benefits or if you use the benefits, or receive them, in a sale of controlled substances, firearms, ammunition or explosives. In all of these cases, the remainder of your food assistance household can get benefits if they are otherwise eligible, but the rest of the household will still be responsible for repaying the amount of any benefits overpayment that was received by the person disqualified.

- B. TANF and Child Care** - If you or any member of your TANF or Child Care household intentionally break any of the following rules or are otherwise found to have committed fraud (civil, criminal, or administrative), your family is permanently ineligible for TANF and Child Care assistance. A permanent fraud for TANF purposes means you also cannot get Child Care and a permanent fraud for Child Care purposes means you cannot get TANF.

- Do not lie, make misleading statements, or hide information to get benefits that your household should not get.
- Do not use, or have in your possession, Kansas Benefits Cards that are not yours.
- Do not trade or sell Kansas Benefits Cards.
- Do not use or transact your Kansas Benefits Card in any liquor store, any casino, gambling casino, or gaming establishment, or any retail establishment which provides adult oriented entertainment in which performers disrobe or perform in an unclothed state for entertainment.
- Do not use your TANF cash assistance benefits to buy alcohol, cigarettes, tobacco products, or lottery tickets.

## Suspicion-based Drug Testing

Kansas requires any adult TANF applicant or recipient who meets the suspicion-based criteria to undergo mandatory drug testing. A failure to test, results in the following ineligibility periods for the individual:

<u>1st failure</u>	6 months, and must undergo drug testing prior to regaining eligibility
<u>2nd failure</u>	12 months and must undergo drug testing prior to regaining eligibility
<u>3rd failure</u>	Lifetime ineligibility for TANF

A positive drug test results in the following ineligibility periods for the individual:

<u>1st positive test</u>	Until successful completion of substance abuse treatment and skills training prior to regaining eligibility.
<u>2nd positive test</u>	12 months and successful completion of substance abuse treatment and skills training prior to regaining eligibility.
<u>3rd positive test</u>	Lifetime ineligibility for TANF

## Your Rights

### You have a right to:

- Have an interpreter provided at no cost if English is not your primary language;
- Have information given to DCF kept confidential, unless directly related to the administration of DCF programs;
- Withdraw your application at any time;
- Request a fair hearing within 30 days for cash and child care assistance, or within 90 days for food assistance if you disagree with the decision. For food assistance, you may request a fair hearing verbally or in writing. Your case may be presented by a household member or by a representative such as legal counsel, a relative, a friend or other spokesperson;
- Know that if you apply for food assistance benefits, your application for food assistance may not be denied solely because benefits have been denied for other programs;
- Have your benefits determined from the date this application is received by DCF;
- Special considerations and confidential services, if looking for a job or pursuing child support puts you in danger of domestic violence or sexual assault; and

This institution is prohibited from discriminating on the basis of race, color, national origin, age, sex and in some cases religion and political beliefs. The U.S. Department of Agriculture also prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination with USDA, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax, (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) (Food Assistance Program in Kansas) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers found online at [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

USDA and HHS are equal opportunity providers and employers.

## Permission to Release Information and Signature

**My signature on this application authorizes employers, child care providers, health care providers, financial institutions, insurance providers, benefit providers, and other persons or agencies with knowledge of my circumstances to release to DCF any information, including confidential and health information, necessary to establish my eligibility for benefits or to administer any program (including Child Support Services) for which I applied.**

I authorize DCF to share medical information for administrative purposes with other agencies and contractors.

I understand all information provided on this application and all information provided to DCF staff on my behalf is protected by state and federal confidentiality laws.

This release is valid from the date of signature set out below and shall remain valid until revoked in writing by the undersigned. A copy of this authorization is as valid as the original.

**I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge, including the information concerning citizenship and alien status. I understand that in addition to other penalties, it is illegal to obtain, attempt to obtain, or help any other person to obtain, by means of a willfully false statement or representation, or by impersonation, collusion, or other fraudulent device, assistance to which they or I am not entitled, and this shall constitute the crime of theft, as defined by K.S.A. 21-5801 and amendments, which could be a felony offense punished by over 11 years imprisonment and fine of up to a \$300,000.**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Spouse's Signature or another adult in your home (Not Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of First Witness (if "X" is used)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Second Witness (if "X" is used)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Court-Appointed Guardian/Conservator (if applicable)

\_\_\_\_\_  
Date